MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/088771   FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2		1		1			52							
3		1	e				53							
4		1		1			54							
5		1					55							
6		1					56							
7		1					57							
8		1					58							
9		1					59							
10		1					60							
11		1		1			61							
12		1		1			62							
13		1	e				63							
14		1		1			64							
15		1		1			65							
16		1					66							
17	1		1				67							
18	1		1				68							
19	1		1				69							
20							70							
21		1	e				71							
22	1			1			72							
23		1					73							
24		1	e				74							
25		1					75							
26		1					76							
27		1	e				77							
28	1		e				78							
29	1		e				79							
30	1						80							
31	1						81							
32		①					82							
33		①	e				83							
34		1		1			84							
35	1		1				85							
36	1						86							
37	1		e				87							
38	1		e				88							
39			1				89							
40				1			90							
41				1			91							
42				1			92							
43				1			93							
44				1			94							
45				1			95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			9				TOTAL IND.							
TOTAL DEP.			24				TOTAL DEP.							
TOTAL CLAIMS			33				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
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